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ABSTRACT

It is estimated that from 1 percent to 10 percent of American children suffer from Attention Deficit Hyperactivity Disorder (ADHD). Despite the large amount of research and numerous professional articles written about attention deficit disorders, parents rarely have easy access to this information and the assistance resources contained therein. The purpose of this study was to determine if there is a significant difference in the parental understanding of their child's Attention Deficit Disorder (ADD/ADHD) disability when the school counselor acts as a resource person. Thirty randomly selected parents participated in the study, 15 of whom attended a seminar with the school counselor and 15 of whom served as the control group. The experimental group was given a questionnaire prior to and following the seminar. The control group was mailed a questionnaire so as to determine its needs for a seminar in the future. The results of the study indicated that most parents of ADHD/ADD children are not well informed about the disorder and have many misconceptions about the disorder and the school's role in serving the child. Prior to the seminar, only seven parents out of the 30 in the study utilized the school counselor. All 15 parents who participated in the seminar considered the school counselor to be a valuable resource person. The questionnaire used in the study is appended. (Contains 31 references.) (JE)

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Effects of Seminar Participation on Parental Attitude Concerning the Use of the School Counselor as a Resource

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INTRODUCTION

It is estimated that from one percent to ten percent of American children suffer from Attention Deficit Hyperactivity Disorder (ADHD) (Hunt, 1988). Many terms have been used in the past to describe the disorder, some of which include minimal brain damage, minimal brain dysfunction, hyperactivity, hyperkinesis, and Attention Deficit Disorder (ADD). The original thinking was that undetectable brain damage caused the symptoms of hyperactivity. Eventually, scientists changed their focus from minimal brain dysfunction to increased motor activity. From there, the idea developed that the problem was not necessarily the level of motor activity; rather, the problem was associated with having a short attention span. It was recognized that, along with the inability to focus on one thing at a time, the ADHD child is unable to stop and think about something before acting on his/her impulses. As noted by the American Psychiatric Association, difficulties with attention and concentration may be present without hyperactive behavior being present (Ingersoll, 1988).

Due to the chronic and widespread nature of the behavioral difficulties, many unusual demands are placed upon the parents of

ADD/ADHD children. Because the educational community has been slow to understand or acknowledge the implications of the ADD and ADHD, many parents have been frustrated in their attempts to obtain an education appropriate to the unique needs of the attention deficit children. This disorder also tests the limits of most parents' patience and can easily result in marital and family stress.

The school counselor, who is knowledgeable about attention deficit disorders, can play a number of vital roles that involve these children, their families, and their teachers. Once a diagnosis of ADD/ADHD has been made, an essential role for the counselor is to direct parents to community resources, books, parent support groups, family counseling, and parenting classes. All of which can be of enormous assistance to a family newly introduced to ADD/ADHD.

STATEMENT OF PROBLEM

Despite the large amount of research and numerous professional articles written about attention deficit disorders, parents rarely have easy access to the information and assistance sources contained therein. There are a great number of misconceptions about the characteristics that

make up the disorder which are conveyed to parents and which contribute to their greater confusion. Parents of attention deficit children need to be properly educated about the disorder and understand the limits and potential of the ADD/ADHD child which may alter their expectations of their child.

The purpose of this study is to determine if there is a significant difference in the parental understanding of their child's ADD/ADHD disability when the school counselor acts as a resource person. The helping process of the counselor is an essential and necessary role for these parents and students.

NULL HYPOTHESIS

There will be no significant differences in the scores on the ADD/ADHD Parent Questionnaire following participation in the group seminar.

ASSUMPTION

The assumption of this study is that most parents of ADD/ADHD children are not well informed about the disorder and have many misconceptions about the disorder and the role of the school and the counselor in serving their child.

LIMITATIONS

This study is limited to a randomly selected population of parent of public school elementary students who have been diagnosed with ADD/ADHD in the Jones County School District in Laurel, Mississippi.

LITERATURE REVIEW

The most prevalent childhood psychiatric disorder is Attention Deficit Hyperactivity Disorder (Ingersoll, 1988). It is estimated that approximately fifty percent of the children who are referred to child mental health centers are suffering from this disorder. Even though attention deficit disorder is common, it if often misunderstood. Attention deficit disorder is surrounded by many myths and misconceptions. When educating parents, it is essential to focus on some of the important facts concerning this disorder in the hope that some of the misconceptions and misunderstanding will be eliminated or lessened somewhat (Ingersoll, 1988)).

Attention deficit disordered children often experience problems with: social skills, school progress, problem solving ability and emotional adjustment. The most successful treatments for children with ADHD are

long-term and involve assistance to the child, family and school. A treatment program might include individual psychotherapy, parent education and training, medication, problem-solving and social skills training in a group setting, and school intervention (Nichamin and Windell, 1985).

Developing an effective system for parenting a child with ADD is a four step process. It is essential that

1. parents are well educated concerning the varied and multiple problems which inattentive, impulsive and easily over aroused children experience daily in their environment (Goldstein & Goldstein, 1989)

2. the parent develops the ability to differentiate between behavior which results from incompetence and behavior that results from purposeful noncompliance. Incompetence must be remediated. Non-compliance needs to be disciplined (Goldstein & Goldstein, 1989).

3. the parent is positive with their child. An emphasis on what is to be done as opposed to what is to be stopped is recommended. This will also set the stage for a parent to be better able to determine whether the child's behavior stems from incompetence or non-compliance.

4. the parent ends interactions successfully. It is important to understand that ADHD children frequently fail. They end up being punished or sent to their without the opportunity to succeed. When the parent is going to punish, they must make certain that their child, following punishment, has the opportunity to try again, succeed and receive their praise.

It is a must for parents to try to see the world through the eyes of their ADHD child. This will assist the parent in coping when the demands, day-in and day-out, become stressful (Goldstein & Goldstein, 1989).

Research suggests that ADHD children participating in a long-term supportive treatment program involving multiple treatment interventions, have better self-esteem, less adolescent delinquency, and clearly a better potential future into adulthood (Hunt, 1988).

SUBJECTS

The subjects of this study included thirty randomly selected parents of ADD/ADHD students in the Jones County School District. The control group contained fifteen parents who did not attend the workshop but did complete the questionnaire. The experimental group contained fifteen parents who did attend the workshop and completed both pre- and post-questionnaires.

INSTRUMENTS

The questionnaire was administered to a group of regular and special education teachers and parents to determine the clarity and appropriateness of the instrument. Feedback was received and appropriate modifications

were made.

The questionnaire was developed to highlight those areas in which most parents have questions and misconceptions as they relate to ADD/ADHD. The questions were derived from research materials and books used as resource guides on ADD/ADHD for psychologists, physicians, counselors, teachers, mental health agencies and other professionals who work directly with ADD/ADHD children and their parents. A copy of the questionnaire is located in the Appendix.

The questionnaire was designed to measure the current knowledge about ADD/ADHD of parents of ADD/ADHD students prior to a parent group seminar. The same questionnaire was given again at the end of the seminar to see if the parents changed their attitude as a result of the seminar.

METHODS AND PROCEDURES

The experimental group was given a questionnaire prior to and following a parent group seminar for the parents of ADD/ADHD students by a school counselor. Instruction on this research study was given first; the questionnaire followed. The seminar lasted approximately 60 minutes,

allowing time for questions which may not have been answered during the seminar. Those questions that related to medication were not answered, as there was no medical doctor present, but printed material which relates to medication was provided. Finally, the group was encouraged to meet again and possibly on a regular basis, to begin a support group for parents of ADD/ADHD children at their school.

The control group was mailed a questionnaire so as to determine its needs for a seminar in the future. However, they did not get any information with the questionnaire.

TREATMENT AND ANALYSIS OF DATA

When the pre-questionnaire was collected, parents were asked to put their initials on the top right-hand corner. The same procedure was done on the post-questionnaire. If any parent refused to put their initials on the questionnaire, they could keep it for themselves and it was not included in the research. Participation in the research questionnaire was completely voluntary. Confidentiality was emphasized prior to the seminar. The differences between scores on the questionnaires was compared in order to ascertain whether the experimental treatment showed a greater need for

knowledge as it relates to ADD/ADHD and the need for a counselor as a resource person. The significance of the differences was determined by the importance of material covered in the seminar.

RESULTS

The t test for independent samples was used to determine whether there was a significant difference between the means of the two independent samples. The experimental and control groups were randomly formed and were essentially the same at the beginning of the research with respect to performance on the questionnaire (the dependent variable).

TABLE 1

MEAN SCORES ON ADD/ADHD PARENT QUESTIONNAIRE

VARIABLE	n	MEAN*
Experimental Pre-Test	15	10
Experimental Post-Test	15	17
Control Pre-Test	15	9

*t= 7.36; df=14; p=.001

As shown in Table 1 the mean scores on the ADD/ADHD Parent Questionnaire Pre-Test for the Experimental Group was 10 and for the Control Group was 9. The experimental Post-Test mean was 17 and the mean difference was 6.73. The t value was 7.46 and the results indicated a significant difference at the .001 level of significance. Therefore, the null hypothesis is rejected.

The questionnaire also asked parents who they currently utilize as a resource to help gain a better understanding and assistance with their child's ADD/ADHD. There were 15 pre-tests given to the experimental group and 15 pre-tests given to the control group, all of which included this question. The purpose of this question was to determine how many currently utilize the school counselor as a resource person. Of the thirty parental responses only seven currently utilize the school counselor. The parental response to this question on the post-test changed dramatically. All parents in the experimental group after the group seminar, considered the school counselor as a valuable resource person.

DISCUSSION

The purpose of this study was to determine if there was a significant

difference in the parental understanding of their child's ADD/ADHD disability when the school counselor acts as a resource person. The results of the study indicated that most parents of ADHD/ADD children are not well informed about the disorder and have many misconceptions about the disorder and the school's role in serving their child.

Research has stated that ADHD children can function without hyperactivity, distractibility, or impulsivity. They can develop confidence and a feeling of control and success. Without help, these children will continue to struggle and the families may be less than successful in helping their child (Silver, 1990). Therefore it is important for the parent to be informed and to be an advocate, active in seeking the recognition and help their child's needs. Then, they can use their knowledge to maximize growth for their child and for their family.

APPENDIX

ADD/ADHD PARENT QUESTIONAIRE

PLEASE RESPOND TO THE STATEMENTS BELOW BY INDICATING WHETHER YOU AGREE (A), DISAGREE (D), OR UNDECIDED (U), FOR EACH STATEMENT.

_____ 1. THERE IS A RELATIONSHIP BETWEEN ADD AND AND LEARNING DISABILITIES.

_____ 2. PARENTING STYLES CAN CONTRIBUTE TO ADD/ADHD.

_____ 3. GENETICS DOES PLAY A ROLE IN ADD/ADHD.

_____ 4. ADD/ADHD IS A FORM OF BRAIN DAMAGE.

_____ 5. ENVIRONMENTAL AND/OR SOCIAL ASPECTS DO EFFECT THIS DISORDER.

_____ 6. THERE IS A CORRELATION BETWEEN ADD/ADHD AND BED WETTING BEHAVIOR.

_____ 7. VISUAL-MOTOR-TASKS, FINE MOTOR CONTROL, OR ATTENDING SKILLS ARE EFFECTED BY ADD/ADHD.

_____ 8. THERE IS A NEED FOR MULTIPLE SOURCES DURING ASSESSMENT OF ADD/ADHD.

_____ 9. THERE ARE ADD/ADHD PARENT SUPPORT GROUPS IN OUR AREA.

_____ 10. A PERSON CAN GROW AND/OR LEARN OUT OF ADD/ADHD.

_____ 11. THERE ARE OTHER PROBLEMS THAT MIMIC ADD/ADHD.

_____ 12. THE SCHOOL DISTRICT CANNOT PROVIDE ANY SERVICES FOR MY ADD/ADHD CHILD IF HE/SHE IS NOT IN THE SPECIAL EDUCATION PROGRAM.

_____ 13. INDIVIDUAL AND FAMILY COUNSELING IS NECESSARY FOR ADD/ADHD CHILDREN.

TRUE OR FALSE

_____ 14. ADD/ADHD CHILDREN MAKE UP 30-40% OF ALL REFERRALS TO CHILD PSYCHOLOGIST, PSYCHIATRISTS AND MENTAL HEALTH AGENCIES.

_____ 15. THE NUMBER OF MALE CHILDREN WITH ADD/ADHD OUT NUMBERS THE FEMALES 8 TO 1.

_____ 16. GIRLS ARE SIGNIFICANTLY UNDER-IDENTIFIED AS ADD/ADHD AND UNDESERVED.

_____ 17. BOYS SHOW MORE AGGRESSION, LOSS OF CONTROL AND INAPPROPRIATE ACTING-OUT BEHAVIOR.

_____ 18. GIRLS HAVE MORE LANGUAGE AND COGNITIVE DEFICITS, UNDER-ACHIEVEMENT, DEPRESSION AND SOCIAL DEFICITS.

_____ 19. ADD/ADHD IS FREQUENTLY MISDIAGNOSED AS A FAMILY PROBLEM.

PLEASE CHECK THOSE PERSONS WHO YOU CURRENTLY UTILIZE AS A RESOURCE TO HELP GAIN A BETTER UNDERSTANDING AND ASSISTANCE WITH YOUR CHILD'S ADD/ADHD:

_____ SCHOOL PRINCIPAL

_____ SCHOOL COUNSELOR

_____ CHILD'S TEACHER

_____ LOCAL SUPPORT GROUP

_____ CHILD'S PHYSICIAN

_____ CHILD'S PSYCHOLOGIST

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